

00862.002815.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: A. Zamani
MITSUTOSHI KUNO, ET AL.)	
	:	Group Art Unit: 2674
Application No.: 10/662,416)	
	:	
Filed: September 16, 2003)	
	:	
For: IMAGE DISPLAY APPARATUS)	October 3, 2003
AND CONTROL METHOD	:	
THEREOF)	

Mail Stop Amendment

(Fee)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Preliminary Amendment filed on September 16, 2003, the
Examiner is respectfully requested to amend the above-identified application as follows:



In re Application of:

Docket No.: 00862.002815.1

MITSUTOSHI KUNO, ET AL.

Application No.: 10/662,416

Examiner: A. Zamani

Filed: September 16, 2003

Group Art Unit: 2674

For: IMAGE DISPLAY APPARATUS AND
CONTROL METHOD THEREOF

Date: October 3, 2003

MAIL STOP AMENDMENT

(Fee)

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

☒ An additional fee is required.

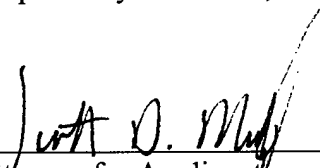
The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	4	MINUS	3	= 1	x \$43 \$86	\$86.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$86.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☒ A check in the amount of \$ 86.00 is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Scott D. Malpede
Registration No. 32,533

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SDM/rmm

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